

March 7, 2014

Mayor Charlie Hales  
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Portland OR 97204  
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Dear Mayor Hales, Community Leaders, and Others:

This is a response to the City of Portland's Request for Qualifications for a **Compliance Officer/Community Liaison**, to assess the City's implementation of its Settlement Agreement (presently pending approval by the U.S. District Court) with the U.S. Department of Justice.

I understand that the City will oblige itself in good faith pursuant to ORS 192.502(4) not to publicly disclose my name and application materials unless or until I move on to Phase 2 of the published selection process. **I am submitting to the City application materials for the COCL position on the condition that they be kept confidential from public disclosure.**

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Candidate name: **Daniel G. Ward**

### **Minimum Qualifications**

- Police Practices  
I was employed in law enforcement as an adult felony probation officer in Michigan in the late 1970's. I received training in rules of evidence, incident documentation, presenting testimony, rules of legal procedure, criminal law, personal defensive tactics, interview techniques. I also spent a lot of time talking with offenders, their families, and victims in the community and in jails and prisons.

After graduate school, I worked as a psychologist in Michigan, beginning in 1980. In those days, before Memphis PD invented Crisis Intervention Training, I presented training for the Grand Rapids Police Department on the nature of mental illness and non-violent intervention with people who have mental illness. This led to serving the GRPD as an on-scene consultant on several occasions during barricaded gunman and hostage negotiations, often when those situations involved people with mental illness. Through these experiences, I came to understand the discrete critical incident roles of internal and external communication, contact and negotiation, extraction and custody, perimeter control, etc., the tactical concepts of concealment, cover, stand-off distance, the various tactical technologies (flash-bangs, robotics, beanbags, throw-phones, etc.), and the critical importance of planning and replanning, coordination of effort, concise rules of engagement and disengagement,

flexible response, clear designation of incident leadership—I have seen first-hand how challenging it is to manage rapidly evolving situations that may require lethal or less-lethal force.

In the late 1980's I created the first full-time mental health intervention and treatment program inside the Kent County (Grand Rapids) Jail. This gave me more experience helping staff learn to negotiate the tricky differences between the needs of people with mental illness and the needs of law enforcement for custody and control.

Also, in the late 1980's I began and funded a team that provided post-event debriefing and counseling for law enforcement personnel after critical incidents. That team evolved into the Crisis Care Network, a national organization that trains employers and LEOs in critical incident management and recovery.

More recently, in 2009, I was recruited to Denver to create a seven-county strategy to reduce incidence of law enforcement intervention with people who have mental illness, to reduce the use of arrest as a standard intervention in the absence of an effective treatment system, and to reduce the use of hospital emergency departments as a treatment alternative. The 44 law enforcement agencies of the Denver Metro area, like the Portland Police Department, often have only three alternatives when encountering a person with mental illness who is not behaving in a pro-social way: arrest (for resisting or disorderly), take to a hospital ER, or leave doing nothing. I created a program to provide immediate mental health crisis services—a previously unavailable fourth alternative—in support of law enforcement. I personally worked with LEOs on proactive intervention planning for specific known cases, for example, a woman with extreme anxiety who was calling 911 many times every day; a man with paranoia and weapons who regularly threatened and antagonized his next-door neighbors.

Because my strategy and program development work in Colorado was an innovation that crossed seven counties and affected 44 law enforcement departments, I was able to acquire a large Justice Assistance “Byrne” Grant from the U.S. Department of Justice, grants from the Robert Wood Johnson Foundation, the State of Colorado, and other sources. I was nominated for a Harvard Kennedy School “Excellence in Government” award for my work with law enforcement and mental health organizations in Colorado.

- Crisis Intervention

I supported myself through college as a Program Coordinator in a crisis center in East Lansing, Michigan. Later, I worked as a counselor in a crisis center in Eugene, Oregon.

In graduate school, at the institution now called the University of West Georgia, I earned a Masters Degree in Psychology, which enabled me to hold a “Limited License to Practice Psychology” in Michigan. (I think that type of license doesn't exist anymore in Michigan. I am not a Licensed Psychologist in Oregon.)

In 1980, I was hired as a Psychologist at a 50-bed county psychiatric hospital in Grand Rapids, Michigan. For about five years, I was part of the clinical group that operated the hospital's emergency clinic. I personally evaluated and provided professional crisis intervention service for over 4,000 people with mental illness. I can honestly say that I spent time with and did my best to help people with every known mental health and substance use disorder.

While at the emergency clinic, I identified and recruited about one-third of the original cohort of people who were provided Assertive Community Treatment in the first research replication of that treatment model outside of Madison, Wisconsin. My next role in Grand Rapids, described below, enabled the mental health authority to rapidly develop more ACT teams, ultimately about 40 of them.

My success as a crisis intervention professional led to my appointment in 1985 to become the first ombudsman in mental health in the U.S. I had intensive training in mediation at George Mason University in Fairfax Virginia. As ombudsman, I worked with individuals in need, their families, law enforcement, the community, and the community of treatment providers, to ensure that people in need of treatment did not "fall through the cracks." By my mediation, negotiation, and advocacy, people's access to treatment improved, resulting in the county mental health authority saving \$2.5 million in unnecessary psychiatric hospitalization in my first year.

Next, I started a non-profit organization in Grand Rapids, Michigan, that successfully operated three six-bed "crisis homes," well-staffed 24-hour unlocked facilities in residential neighborhoods that enabled people in mental health crisis to stay in the community, receive aggressive medical intervention to restabilize on medications, and avoid unnecessary psychiatric hospitalization.

Then, in the late-80's to mid-90's, I spent seven years as the Executive Director of a 24-hour crisis intervention triage center. I designed, built, and managed a new free-standing 24,000 square foot facility, the single point of entry to treatment for the Grand Rapids community (pop. ~600,000), providing emergency treatment/crisis intervention to over 11,000 individuals in crisis each year.

Then, after a several-year hiatus from the "behavioral health business," I went to Colorado to create the multi-county police/crisis-intervention strategy that I described above.

- Community Engagement

I've worked extensively with the National Alliance on Mental Illness (NAMI) in Michigan and Colorado, facilitating frequent "Town Hall" type sessions to meet with sometimes-distraught individuals with mental illness and their families. I also worked extensively with Mental Health America of Colorado. In fact, while I was incorporating and arranging tax-exempt status for my organization, Metro Crisis Services, my grants (and salary) went through Mental Health America of Colorado.

While developing residential mental health programs in neighborhoods of Grand Rapids, I went door-to-door, discussing NIMBY issues, fears of violence, etc. I often convened community forums about various issues related to mental illness, neighborhood anxiety or critical incidents that had occurred.

For several years in Michigan, I served on the board of directors of my neighborhood association, and was active in organizing in my inner-city urban neighborhood. I also participated there in my community's Neighborhood Watch program.

I'm fairly new to Portland, so I don't have pre-existing relationships with community groups. On the up-side, that means I don't have any "baggage" with them. I exhibit a style and experience that should lead to a future of good relationships with them.

### **Desired qualifications**

1. Effectively managing complex projects

This seems to be what my career has been about. I started and operated three successful non-profit organizations. I turned around others from financial distress. I started for-profit businesses. I have managed large-scale multi-jurisdictional and multi-disciplinary projects. I've supervised people and managed businesses with many employees. I've worked with federal, state, and local governments.

2. Law enforcement policies, practices and data

For a person who is not presently employed in law enforcement, I think I'm unusually well-versed in such things. I am familiar with community policing concepts, knowledgeable about use-of-force continuum, the concept of reasonableness (rather than rigid "cookbook" recipes), *Graham v. Connor* and the three standards eventually derived from it, *Tennessee v. Garner*, best practices in the use of force, etc. I have statistical training, I'm able to use standard statistical and database tools for analysis. I know how and where to get help when I need it.

3. Service delivery systems for people experiencing mental illness

As described earlier, and shown in my resume below, I have built service delivery systems for people experiencing mental illness since 1980.

4. Engaging the community in public processes and incorporating their feedback into actionable information

This has been a part of my work in non-profits—success required community engagement and support.

5. Appearing in legal proceedings as a judge, monitor, counsel or expert witness

I have often appeared in State and County courts as a witness, first as a probation officer, then as a psychologist. I often testified in commitment hearings as the principal expert witness. I was often subpoenaed on criminal matters where an individual was alleged to have committed a crime prior to being treated by me for a

mental health crisis. I happily dropped out of law school long ago, so I have never appeared as judge or counsel.

6. Directly managing or overseeing police personnel

I have never directly managed law enforcement personnel. As noted earlier, I have consulted on the scene with command officers during critical incidents.

7. Engaging community members interested in policing issues

I have had experiences meeting with distraught neighbors of mental health programs, both with and without police officers present. Through my neighborhood association, I helped implement community policing strategies.

8. Evaluating processes for supervisors and managers who oversee accountability in a large organization

I have a long history of supervising managers and supervisors, creating employee handbooks, developing performance evaluation systems, etc.

9. Working with people experiencing mental illness and/or other disabilities;

Though I am not licensed in Oregon, I am trained and very experienced as a psychologist. I have experience with mental illness among my family and friends.

10. Working with leaders and/or elected officials in changing the culture and outcomes of a large organization;

This has usually been a part of my work in non-profits and in government. For example, I am presently working to improve the effectiveness of state-funded alcohol and drug treatment and prevention programs in the State of Oregon.

11. Assessment of compliance with court-enforceable settlement agreements;

I have supervised organizational compliance with settlements following employment discrimination complaints.

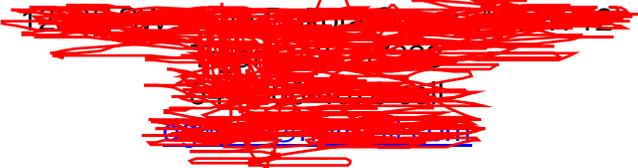
12. Auditing the performance of large organizations via written reports

As the ombudsman of a large community mental health organization, I created and managed systems to analyze service utilization management and quality improvement. I analyzed the data and made monthly statistical reports to the County Commission. I do similar research now with the State of Oregon to monitor performance and budgets of treatment and prevention programs statewide.

13. Collaboration with multiple stakeholders including federal agencies, municipal employees, collective bargaining units, elected officials and community advocates

I think/hope my experience in this area is evident in my discussions about past work. I have successfully worked with each kind of group. I have managed organizations in which employees were organized with AFSCME, Teamsters, and SEIU.

**Daniel G. Ward**



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▷ **Public Service Leadership Experience**

**Executive Director** **2013-present**  
**Oregon Drug and Alcohol Policy Commission**  
**Salem, OR**

Advising the Governor, state Departments, and the Oregon Legislature on matters of drug and alcohol policy and budget, specifically focused on improving accountability and access through strategic state, local, and cross-department policy development and budget management.

**CEO** **2009-2012**  
**Metro Crisis Services, Inc.**  
**Denver, CO**

Created and managed this independent start-up non-profit mental health and substance abuse treatment organization. Emergency mental health and substance abuse services, all ages, 24/7. Service base is seven Denver Metro counties; 2.7 million people. Handled all business development, budgeting, grant management, tax and regulatory compliance, fund development, policy creation, clinical systems, day-to-day operations, law enforcement and first responder coordination, public relations and marketing, web content development. Secured \$3MM+ philanthropic, corporate, and governmental support.

**CEO** **2003-2007**  
**La Clínica del Cariño Family Health Care Center, Inc.**  
**Hood River, OR**

Led a non-profit migrant and community health center (FQHC) with a 21-year history of service to uninsured and underinsured people in the rural communities of the Columbia Gorge. Started the health center's medical and dental clinics in The Dalles. Directed all treatment activities; managed restructuring and restored accountability to maintain viability (including acquiring ~\$3 million in grant support annually) at clinics in Hood River and The Dalles. Staff of 125+, including 16 medical providers, four dentists; 48,000 medical/dental appointments per year.

**Director of Cowlitz County Department of Human Services** **2002-2003**  
**Administrator of Southwest Washington Regional Support Network**  
**Longview, WA**

Dual role as Regional Administrator for Medicaid-funded behavioral health services in southwest Washington region, and County Health and Human Services Department Director for all county-supported mental health and

substance abuse programs. Managed county department accreditation; created new programs (including CIT) with contracted service organizations.

**Executive Director** **1989-1996**  
**Cornerstone Community Mental Health Services**  
**Grand Rapids, MI**

Director of behavioral health services center (open access and acute care facility with 24-hour emergency clinic) for individuals, families, and first responders in large urban county. Managed this “front door” of the single-entry access system for \$63 million multi-agency service system. Created QA and utilization management systems to coordinate care for 11,000 service recipients annually. Designed and built state-of-the-art behavioral health crisis services continuum across 40+ community programs.

**Executive Director** **1987-1989**  
**Residential Treatment of Grand Rapids, Inc.**  
**New Kent Homes, Inc.**  
**Grand Rapids, MI**

Founder and Chief Executive Officer of two non-profit corporations operating 14 free-standing 24-hour-staffed treatment facilities (110 residents, ~150 employees) for specialized residential treatment of adults with mental illness, substance use disorders, and developmentally disabilities adults, especially individuals with severe and persistent co-occurring “dual-diagnosis” disorders. Specialties included three hospital-alternative crisis houses for rapid stabilization, two houses for elderly and medically-involved people with mental illness, three longer-term recovery houses for people with mental illness and substance use disorders, two houses for people with co-occurring mental illness and developmental disabilities.

**Ombudsman** **1985-1987**  
**Kent County Community Mental Health**  
**Grand Rapids, MI**

First ombudsman (conflict resolver) in a community mental health setting in the U.S. Investigated quality of care issues, clinical treatment management and security issues, complaints from individuals and families. For three years, effectively managed organizational conflict which prevented individuals from receiving least-restrictive, most-effective treatment alternatives; reduced system treatment costs by \$2.5 million annually.

**Psychologist** **1980-1985**  
**Kent Oaks Psychiatric Unit**  
**Grand Rapids, MI**

Direct treatment psychologist. Provided emergency and short term patient care in outpatient and emergency clinic of 50-bed county psychiatric hospital. Assessed and treated more than 4,000 patients, both adults and children. Supervised interns and conducted training programs with law enforcement and others.

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▷ **Other Management Experience**

**Management Consultant** **1991-1999**  
**Daniel Ward Consulting and Training**  
**Grand Rapids, MI**

Contracted by non-profits, government agencies, law enforcement, human service programs, healthcare providers, public libraries, and U.S. Postal Service to consult on issues related to critical incident planning and recovery, public education, customer relations and behavior management. Worked with 83 Michigan counties (1996-1997) to adapt behavioral health programs to capitated funding. Contracted by Library of Michigan (1991-1993) to teach grant proposal writing and program evaluation skills to library administrators across the state.

**Human Service Program Administrator** **1997**  
**Lansing Community College**  
**Lansing, MI**

Assessed community market and planned curriculum changes to build local child treatment and behavioral health workforce. Created employer-college workforce development programs. Advised college administrators on instructional program changes.

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▷ **For-Profit Business Management Experience**

**Quality Director** **2007-2009**  
**50 Below, Inc.**  
**Duluth, MN**

Managed this software company's design production. Managed change with 200+ employees; created continuous quality improvement program; created practical regulatory compliance procedures. Company had serious legal troubles before my tenure which led it to my recruitment.

**Director of Marketing Communications** **1999-2001**  
**RTSe USA, Inc.**  
**Redmond, WA**

Began as Director of Marketing for Synchronicity, Inc., of Bellevue, WA, a GIS and content management system developer (a dot.com software company). Company was acquired by Finnish software developer RTSe; I became Marcom Director of RTSe USA. Managed the communications department, supervised copywriters and technical writers, wrote and edited marketing materials, website content, technical specs and software documentation.

**Co-Owner** **1987-1999**  
**Bates Street Publishing Company**  
**Grand Rapids, MI**

Wrote, designed, and edited marketing materials for commercial businesses, non-profits, medical providers. Developed and coached on marketing strategy. Skilled technical and advertising copy writer; used digital design technology as well as traditional graphic production.

**CEO** **1997-1998**  
**University Express**  
**Grand Rapids, MI**

Founded and managed a specialty bus transportation company. Twice-daily statewide bus service to eight college campuses. Managed all business operations, regulatory compliance.

**Publisher** **1990-1992**  
**Michigan Human Services Jobs**  
**Grand Rapids, MI**

(Before the Internet spawned many similar online services,) created, marketed and published this profitable biweekly subscription-only employment newsletter for professionals and human resource managers in the human services.

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▷ **Other Professional Experience**

**Technical Writer** **1999**  
**Boeing-Flight Safety**  
**Seattle, WA**

On a short-term contract, wrote the pilot training program for the Boeing 777 airplane, with a team of two pilots, two engineers. ("Flew" the 777 in simulators, then wrote instructions about how to do it—fun!)

**Marketing Copywriter** **1998-1999**  
**Alexander Marketing Service**  
**Grand Rapids, MI**

For this advertising agency that specialized in engineering and chemical industries, wrote marketing collateral, direct mail, print and on-line media, technical white papers, B-to-B and consumer magazine advertising for client list that included Dow Chemical, Textron, Pentair. (Wrote dozens of compelling advertisements for hydroxypropylmethylcellulose, double-enveloping worm gears, calcium chloride, magnesium hydroxide, etc.)

**Field Agent** **1975-1978**  
**Michigan Department of Corrections**  
**Lansing, MI**

Conducted six to ten adult felony pre-sentence investigations a month (including developmental and social history, criminal record, offense details, victim impact, and sentencing recommendation) and supervised caseload of 90 convicted felons on probation in the community.

## ▷ Teaching Experience

**Business Writing Instructor**, English Department, Grand Valley State University 1998-1999  
**Adjunct Field Instructor**, Psychology Department, Grand Valley State University 1990-1991  
**Adjunct Field Instructor**, Social Work Department, Grand Valley State University 1985-1986  
**Social Studies Teacher**, Adult High School Completion, Holt Public Schools, Holt, MI 1980  
**Graduate Teaching Assistant**, Psychology Department, West Georgia College 1979-1980  
**Substitute Teacher**, Michigan, Oregon, Georgia, 1974-75; 1978-79  
**English Teacher**, Holt High School, Holt, MI, 1974-1975

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## ▷ Publications

*Behavioral Healthcare Access System Readiness Workbook*, Published by Impact Training and the Michigan Association of Community Mental Health Boards, Lansing, MI September 1996.

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## ▷ Education

**Master of Arts in Psychology, with Highest Honors**

**1980 GPA: 4.0**

West Georgia College (now University of West Georgia)  
Carrollton, Georgia

**Bachelor of Arts in Social Science, Honors College**

**Earned teaching certificate**

**1974 (Four-year degree completed in two years)**

Michigan State University  
East Lansing, Michigan

## **Supplemental Question and Methodology**

I think I have already answered part of the question in my descriptions above, but I will add more here.

Mental illness does indeed affect people of our community without regard for sex, age, race or ethnicity, social class, or any of the other categories that we often perceive as differences among us. It is likely that each one of us knows someone who has experienced a mental health disorder, or have experienced one ourselves or within our family. The United States Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that in an American population group the size of the City of Portland, 24,589 adults are living with a serious mental illness and between 10,343 and 16,254 children are living with a serious emotional disturbance. (As context, consider that Multnomah County reported that it provided mental health treatment for 10,062 individuals, not all of whom were categorized among these 35,000-40,000 people with serious disorders, during 2011.)

Moreover, the SAMHSA research tells us to expect that in the next year, at least 147,530 Portlanders will experience a mental health or substance use disorder that could benefit from treatment. Most will not get treatment. For some, the outcome of no treatment will be okay. For others, especially those with concurrent mental health and substance abuse issues, or those with compounding factors like homelessness, extreme poverty, criminal history, other health issues, the outcomes are likely to be much worse.

Those phrases, “living with a serious mental illness” and “living with a serious emotional disturbance” are significant for law enforcement. A serious mental illness or emotional disturbance is a disorder that disrupts a person’s ability to work, attend school, live productively in a community, and is a disorder that is unlikely to get better without treatment. In our pre-Obamacare healthcare system, a person who couldn’t work, or was living with a pre-existing mental health disorder, probably couldn’t get health insurance...and without health insurance, necessary mental health treatment was limited or not available.

The jury is still out on the impact of the recent Medicaid expansion and Cover Oregon on Portland’s small city-in-a-city of people with unmet mental health treatment needs. Oregon’s new Coordinated Care Organizations are expected to expand available treatment, but it is still unclear whether existing treatment providers in Oregon will have additional capacity. (Poor access-to-care and lack of treatment capacity is a nationwide issue, by the way, not a uniquely Oregon issue.)

The takeaway: For the foreseeable future, law enforcement officers will continue to have many interactions with people with mental illness who are outside of the treatment system, and with people with mental illness- or substance use-exacerbated behavior problems. If Portland, Multnomah County, and the State of Oregon add resources to targeted crisis intervention/prevention programs, the burden on law enforcement will be reduced. Regardless, municipalities and police agencies must develop policies, training,

and procedures to better prepare officers to safely, respectfully and humanely de-escalate acutely psychotic/delirious/irrationally aggressive individuals without excessive force, and whenever possible, without the use of lethal force.

There is no question that for a law enforcement officer, being called to intervene with an individual in an excited delirium, a florid psychosis, or out of control of his or her aggression, can be a terrifying experience. The PPB has wisely developed multiple levels of protective factors to help manage the natural emotional response of the officer, e.g., policies that require back-up, the presence of supervisors, and training experiences on structured de-escalation, slowing down the incident, maintaining physical stand-off space.

An officer whose own emotional state is not buffered by these protective factors, or who is misperceiving the situation, is more likely to use excessive force, make mistakes in judgment, act inconsistently with training, and inadvertently or even intentionally escalate the situation.

The officer's perception, and consequently his or her emotional state, can be distorted by the "otherness" of the individual. For example, an officer who has not had positive life experiences, co-worker experience, or extensive training with people of non-dominant skin colors, ethnicities, languages, socio-cultural orientation, is likely to less accurately perceive a tense situation involving someone with such differences. Along with preparing officers to understand mental illness through their current CIT training, PPB must train officers to understand, respect, and value diversity. Officers should also have specific training on the ways that mental disorders (and even anxiety on being confronted by police) are manifested differently among people of differently ethnicities and cultures. The test of the effectiveness of such training and culture change will be shown statistically. Less bias in contact frequency, arrest frequency, use of force frequency and intensity, etc., will help to demonstrate the effectiveness of such training efforts.

President Lyndon Johnson was known for responding to data presentations by his aides with the question, "Therefore, what?" The Portland Police Department has received multiple analyses from the PARC group, from other consultants, from its own training division, from various community groups, and has its own extensive data-gathering and internal analysis processes. Data can and should drive change. Framed in its most positive light, the Settlement Agreement might be understood a way of asking the question, "You have the data, therefore, what?"

The City and the Portland Police Department have learned through this process about elements of policy and procedure that must be changed. Federal Court supervision of compliance with the Agreement, through the COCL, will provide the impetus. My role will be to thoroughly understand the police culture, the community interests, and the data, and to be the person who continually asks, "Therefore, what?"

An organization's culture is the parallel of an individual's attitude. Social psychological research informs us that attitudes follow behavior, not vice versa. If we want to change attitudes—organizational culture—we will be most successful by addressing and changing individual and organizational behaviors. PPB and the City have meaningful data that describes behavior as it is. Sometimes this is understood as showing needed changes to “PPB culture.” These data support the need for change.

The PPB seems to be invested in changing training experiences, policies, and procedures to support behavior change leading to culture change in the PPD, top to bottom. An important principle of organizational development is that performance improves to the extent that it is measured. PPB has made commendable progress in making its performance (behavior) measurements transparent and public. Public transparency will increase through my work in this role.

My approach to working with the named parties (the City of Portland/Portland Police Bureau, the U.S. Department of Justice, intervenor-defendant Portland Police Association, amicus party Albina Ministerial Alliance Coalition for Justice and Police Reform) and the many stakeholder groups and individuals will be based on five elements:

- **Empathy:** To see the world through the stakeholder's eyes, walk in the stakeholder's shoes, understand how the stakeholder feels and thinks. Empathy does not mean I'll agree with how the stakeholder feels or behaves, but to be able to understand and explain it. The stakeholder will (accurately) believe that I understand her or him, so when I offer suggestions she or he is more likely to listen.
- **Respect:** To experience empathy toward the stakeholder, I respect her or him as an individual. The stakeholder has autonomy and will self-direct, even if I disagree with her or his decisions or believe they are not in his best interest. I do not have to be a police officer, or live under a bridge, to respect the challenges and strengths of people living those lives.
- **Positive Regard:** I will acknowledge and choose to regard positively, stakeholders, their ideas, their concerns, as they are in the moment. I will report honestly and factually to all parties, even in situations where I believe that if they took a different action it would be more useful or appropriate.
- **Warmth:** I will warmly welcome communications with stakeholder groups and individuals. I plan to maintain a visible, accessible, central city office where law enforcement officers, people with mental illness, advocacy groups, concerned citizens can freely come to discuss events and issues or simply vent their concerns, a safe place for dialog without demeaning, humiliating, shaming, or bellicose responses.
- **Trust:** All willing stakeholders can choose to build trust through transparency, openness, mutual responsiveness. Both the community stakeholders and police will need to become alert for opportunities to “catch each other doing good.”

None of this is intended to suggest that I approach this without tough-mindedness. It took a U.S. Justice Department inquiry and Civil Rights suit to get the parties this far. People have died. Other people have been hurt in life-changing ways. Careers have ended. Mistakes can and will cost people dearly.

The approaches I've suggested above are principles to guide my relationships with the parties and the community. On the difficult road to change, constraint and discernment are essential. I have been known throughout my career as able to develop warm empathic relationships, to see past acrimony, while keeping "my other foot" in objectivity, rationality, clear-thinking, neutrality.

This role of COCL will be powerful but with little authority, except for the authority described in the Agreement to freely access data and information within the PPB and the City then to report to the Justice Department and the Court. In some ways, this is similar to my long-ago role as ombudsman. As COCL, I will be able to shape and interpret the available information. I will then have the power to communicate my analyses to shape policy, to support or oppose the parties' actions, to recommend that the Court apply leverage to nudge the parties in new directions. This will require dispassionate discernment, as well as a great deal of personal integrity and strength.

The Settlement Agreement details the various data sources that will be opened to me as COCL. I expect that an early task for me will be to explore the data or narrative information that is specified there. This will enable me to assess the extent to which that data and information will allow reliable assessment of compliance.

As far as statistical methodology, I have statistics training. I use standard statistical and database tools for analysis, and know how and where to get help when I need it. I expect to begin by assessing the strengths of the PPB's existing data collection and data analysis. I have already reviewed any publicly-available PPB stats that I can find. The next step for me will be an informal exploration of all current data and sources to analyze their potential application to the issues at hand. Where I discover that data is available but more sophisticated analysis than I have time or skill to perform is required, I expect to engage my own contracted experts for assistance.

After determining the data required to effectively monitor and reinforce compliance with the Agreement, I will create standard periodic reports. These reports will consistently incorporate and report data relevant to compliance issues. I expect to make these reports publicly available more frequently than the minimum quarterly period required by the Agreement.

One of my first tasks will be to create a website for progress reporting to the community. I will also establish regular meeting schedules and open office hours for stakeholders and others to meet with me and each other. I will expect to meet frequently, regularly, with leadership from the City, the PPB, the DOJ, the PPA, and the AMA. At these meetings, I will expect to discuss progress, unresolved issues, new events. I will maintain confidences (e.g., regarding employee discipline issues) to the extent allowed

by law. I expect to consult with the City's counsel and/or the Justice Department as issues arise in this area. As much as possible and appropriate, meetings will be public, in compliance with Oregon's Public Meetings laws. The Mayor's practice of posting his office meeting schedule online is a model that I will follow.

I recognize that this COCL position will place me in the public eye. I have much experience with the press. I have a good record of maintaining a positive relationship with the media while staying in control of my message.

### **Personnel**

At this point, I can only speculate on areas of expertise in which I may wish to employ the assistance of others. I expect this will become more clear when the Court accepts a final Settlement Agreement (still pending today), and if I progress through the selection process. As mentioned earlier, I have analytic and statistical abilities, but may wish to contract with a data analyst or statistician, depending on the complexity of analysis or my time availability. I will also quickly recruit a short-term web developer to help put online communications systems in place.

In order to handle the required meetings and quarterly reporting requirements, I expect to hire an energetic administrative assistant. Organizing the work of the Community Oversight Advisory Board will require much of the administrative assistant's time. I may also need to hire a policy analyst-type person to help me staff the COAB.

Recruitment and hiring will be conducted in a public manner that offers opportunities to people who identify as members of racial, ethnic, or cultural minorities, including people with disabilities, and particularly people who self-identify as in recovery from mental illness. During the third phase of the COCL selection process, if I'm fortunate to move to that stage, I plan to include a staffing budget in my overall contract negotiation.